

PREVAILED

Roll Call No. _____

FAILED

Ayes _____

WITHDRAWN

Noes _____

RULED OUT OF ORDER

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 114 be amended to read as follows:

- 1 Page 1, between the enacting clause and line 1, begin a new
- 2 paragraph and insert:
- 3 "SECTION 1. IC 27-8-11-3 IS AMENDED TO READ AS
- 4 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 3. (a) An insurer may:
- 5 (1) enter into agreements with providers relating to terms and
- 6 conditions of reimbursement for health care services that may be
- 7 rendered to insureds of the insurer, including agreements relating
- 8 to the amounts to be charged the insured for services rendered or
- 9 the terms and conditions for activities intended to reduce
- 10 inappropriate care;
- 11 (2) issue or administer policies in this state that include incentives
- 12 for the insured to utilize the services of a provider that has entered
- 13 into an agreement with the insurer under subdivision (1); and
- 14 (3) issue or administer policies in this state that provide for
- 15 reimbursement for expenses of health care services only if the
- 16 services have been rendered by a provider that has entered into an
- 17 agreement with the insurer under subdivision (1).
- 18 (b) Before entering into any agreement under subsection (a)(1), an
- 19 insurer shall establish terms and conditions that must be met by
- 20 providers wishing to enter into an agreement with the insurer under
- 21 subsection (a)(1). These terms and conditions may not discriminate
- 22 unreasonably against or among providers. For the purposes of this
- 23 subsection, neither differences in prices among hospitals or other
- 24 institutional providers produced by a process of individual negotiation

nor price differences among other providers in different geographical areas or different specialties constitutes unreasonable discrimination. Upon request by a provider seeking to enter into an agreement with an insurer under subsection (a)(1), the insurer shall make available to the provider a written statement of the terms and conditions that must be met by providers wishing to enter into an agreement with the insurer under subsection (a)(1).

(c) ~~No hospital, physician, pharmacist, or other provider designated in IC 27-8-6-1 willing to meet the terms and conditions of agreements described in this section may be denied the right to enter into an agreement under subsection (a)(1).~~ When an insurer denies a provider the right to enter into an agreement with the insurer under subsection (a)(1) on the grounds that the provider does not satisfy the terms and conditions established by the insurer for providers entering into agreements with the insurer, the insurer shall provide the provider with a written notice that:

- (1) explains the basis of the insurer's denial; and
- (2) states the specific terms and conditions that the provider, in the opinion of the insurer, does not satisfy.

(d) In no event may an insurer deny or limit reimbursement to an insured under this chapter on the grounds that the insured was not referred to the provider by a person acting on behalf of or under an agreement with the insurer.

- (e) No cause of action shall arise against any person or insurer for:
- (1) disclosing information as required by this section; or
 - (2) the subsequent use of the information by unauthorized individuals.

Nor shall such a cause of action arise against any person or provider for furnishing personal or privileged information to an insurer. However, this subsection provides no immunity for disclosing or furnishing false information with malice or willful intent to injure any person, provider, or insurer.

(f) Nothing in this chapter abrogates the privileges and immunities established in IC 34-30-15 (or IC 34-4-12.6 before its repeal)."

Renumber all SECTIONS consecutively.

(Reference is to ESB 114 as printed March 27, 2007.)

Representative Ripley